

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Concord
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18217

Registration District No. 1302 Registered No. 52
 (For use of Local Registrar)

City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucile Benbow If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? gr (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Jim Benbow
 (9) PRESENT POSTOFFICE OF FATHER Summit
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Clarendon
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER
 (14) NAME BEFORE MARRIAGE Gracie Benbow
 (15) PRESENT POSTOFFICE OF MOTHER Summit
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Clarendon
 (19) OCCUPATION Home Office
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P.M., on the date above stated. (Born alive or stillborn) (Hou. A. M. or P. M.)

(23) (Signature) Rosena Rogers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summit

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30, 1922 (28) J. E. Richbourg
 Registrar Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.